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ABSTRACT

Outside of major illness or severe developmental problems, child mental health has not previously been a focus of much study. The West Australian Child Health Survey (WACHS) was one of the first surveys to specifically address mental health as part of an attempt to gain comprehensive data on child and adolescent health. During 1993, data were gathered from more than 1,400 families (including more than 2,700 children ages 4 to 16), as well and school principals and teachers. The study focused on a wide range of child health indices, but specifically identified mental health problems in children and adolescents, both to establish benchmarks against which to judge the efficacy of interventions, and with a view to informing policy and prevention. This paper discusses three specific aspects investigated by the study (parental disciplinary style, school staffing resources, and school environment) and the part they may play in explaining or alleviating the 17 percent mental health problem rate discovered by WACHS. The paper concludes with recommendations for improvement in the areas of family and school support. (EV)

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What contribution can schools in the nineties make to preventive mental health?

Ann Zubrick and Stephen R. Zubrick

Paper delivered to the First Years in School Conference, Hobart, Tasmania. January 1996

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What contribution can schools in the nineties make to preventive mental health?

Abstract

The West Australian Child health Survey (WACHS) is one of the first surveys to specifically address mental health as part of an attempt to gain comprehensive data on child and adolescent health. During 1993 data were gathered from more than 1400 families (including more than 2700 children aged between 4 and 16 years), their principals and teachers with a view to examining the nature and significance of child and adolescent mental health problems. The overall findings reveal complex environmental , social and behavioural influences on the lives of children. Schools play an important part is lessening the impact of adverse home and community influences for children. Here we discuss the particular impact of parental style, school staffing profiles and school policies on the mental health outcomes of primary school children and suggest ways in which schools give support to parents and children and, in turn, need support for this crucial role.

What contribution can schools in the nineties make to preventive mental health?

It was not so long ago that people made friends with the postie, the milkman or the butcher who cut their meat for them. Now such community intimacy seems to be a part of the past. We grow increasingly comfortable with drawing money from a machine, enter crowded public transport having validated our tickets on the platform or as we enter the bus, and call directory assistance only to receive computerised voice messages. It is truly possible to be alone in a crowd.

No doubt some of you heard Eva Cox's recent Boyer lecture series entitled "A Truly Civil Society" in which she examined, in part, the consequences of eroding our collective social capital - the social glue that binds us together as a society and from which we draw for co-operative and mutually satisfying relationships.

It would seem that in many ways our bonds are becoming more tentative and fragile. We can get out of almost any relationship: move away, change jobs, divorce and loose touch with almost everyone we once lived with. In any event, this set of circumstances is much more common than it used to be. Psychologists examining this set of changes are interested in the effects upon psychosocial development (especially in children) and the potential damage that such alienation may bring.

One headline reporting upon the recently released findings of the West Australian Child Health Survey (WACHS) read" West Australian children healthy but they could be happier." Here are some of the findings of the WACHS particularly focussed on some implications for schooling during the primary years. The focus of this paper includes specific reference to the mental health of young children and how schools play a critical part in both management and prevention. Firstly some background regarding the WACHS.

The West Australian Child Health Survey

The WACHS is an important source of information because it incorporated data from a random sample of West Australian children , their families and their schools. The survey was carried out with trained social surveyors conducting lengthy interviews with each family. Schools who responded regarding sampled children filled out complementary data on academic and social performance and principals were asked to focus on aspects of their schools. Thus the survey data provide a multifaceted picture of the lives of WA children in 1993. A survey of this type is demanding in its scope, complexity and potential and the data are now being analysed to inform a variety of questions regarding the development of

children. These cross sectional data tell us about age differences (not age changes) but they do allow for some important observations and questions to be raised. Only with such information is it possible to proceed sensibly with policy and planning.

The WACHS results are being published in the first instance as three monographs. The first focuses on children's health, the second on families and community while the third deals with schools and education.

This survey involved interviewing a random sample of 1462 West Australian families from across the state, about the health and well being of 2736 children. To undertake this survey 27 trained surveyors travelled over 60,000 kilometres to conduct 1800 hours of face-to-face interviews with the caregivers of children aged between 4 and 16 years. Children over the age of 11 contributed interview data as well. Subsequently the principals and school teachers responsible for these children completed questionnaires regarding the school, the child's academic performance and development. Some 413 government, independent and Catholic schools contributed to the data.

The study focussed upon a wide range of child health indices but specifically identified mental health problems in children and adolescents both to establish bench marks against which to judge the efficacy of interventions and with a view to informing policy and prevention.

Outside of major illness or severe developmental problems, child mental health has not previously been a focus of much study. The survey aimed to determine the mental health of children using similar methodologies to those used when assessing the physical health of children. Such approaches allow researchers to make comparisons of health status and determine appropriate provision.

The data form the WACHS are providing a picture of Australian children in the nineties. The survey is important for many reasons. Firstly, it is the largest survey of its type ever to be conducted within Australia. Secondly, the data provide a picture of the general health as well as mental health of children and adolescents. Because data were collected from several sources- parents/caregivers; children themselves; principals and schools- they provide means to examine the interrelationships among key areas affecting the lives, health and well being of our young people.

The survey also is directed at identifying key markers or indicators of risk and protection, especially in the area of mental health. For some time now, mental health researchers have had an interest in vulnerability and invulnerability to the same life stresses that children undergo. These life stresses and events may include divorce of family blending, family relocation, changing schools and teachers, birth or death of siblings, abuse, hospitalisations and so on. These outcomes may involve substance abuse, juvenile offending, poor academic

outcomes or poor mental health. Because of its scope, the survey offers a unique opportunity to take a multi-faceted approach to examining such problems and informing debate, intervention strategies and policy to address such concerns.

In this paper we focus upon some aspects of children's mental health that may be directly affected through teachers, principals and schools through the decisions they make. [Readers who wish to, may follow up other or more detailed findings in the monographs reporting the data.]

The mental health of West Australian children.

This is the first comprehensive study of the mental health of Australian ,children and adolescents. Mental health problems are considered to be significant when they cause distress to the child, to others in their immediate environment or impair the child's everyday functioning.

When the first monograph of the WACHS was released in April 1995, there was widespread alarm at the reported finding that 53.500 (17%) of WA children have a significant mental health problem. Only 2% of these children had been seen in a specialised mental health facility within the two months prior to the survey. After asthma (which affects 20% of the sample), mental health problems are the most prevalent conditions in children. More than one third of the children are considered by their parents, teachers to need some level of professional assistance. Mental health problems include anxiety, withdrawal and depression, somatic complaints with no physical base, aggression and acting out behaviours, behavioural problems such a bedwetting or soiling ,among others. The data further show that children with mental health problems are likely to be identified or seen in school, by the police and the Department of Community Services- rather than by trained mental health workers. It is these groups in the community that subsequently carry the burden of management.

Given the scope and nature of the problems, solutions are not going to be found in the building or establishing of professional services. Neither resources or personal can be provided on the scale needed . Nor is case by case treatment the answer. The influences that affect the major problems that children face are related to work and income, child rearing practices, relationships and school. Consequently the solutions will need to address these arenas. Some involve questions of income distribution and equity, others the nature of how best to support families and better access to a range of targeted community services.

In the longer term prevention is the only cost effective solution and it also works!! The key will lie in targeting areas of risk and dealing with the problems at that level. The WACHS will provide data on the magnitude of risk and assist groups to target resources into these areas. this should be a major outcome from the survey.

The survey also challenges some widely held beliefs. For example it should come as no surprise to learn that income is associated with protection of children from poor mental health outcomes When families are faced with the choice of being time poor or cash poor for their children , being time poor results in fewer mental health and health problems for these children. Money matters and a rise in income levels is associated with better mental health.

Parenting style and mental health

Each parent or caregiver in the survey answered a series of questions about disciplinary and reinforcing practices they used. These involved direct questions about hitting and smacking as well as types of reinforcement. In the case of adolescents in the survey the Lempers and Lempers scale was also administered, These data allowed two dimensions of parenting to be examined. The first looked at the use of reinforcements and the second at the amount of punishment. Based on these parameters there were four styles of parenting. In descending order of frequency they were:

— **neutral** (67.7%) = low use of reinforcements and low use of punishment
— **coercive** (19.5%)= low use of reinforcements and high punishment
— **encouraging** (10.4%) = high use of reinforcements and low punishment
— **inconsistent** (2.4%) = high use of reinforcements and high punishment

The relationship between parenting style and academic performance was looked at. One might predict or hope to see relationships between these two variables. There was none Children who were performing well in school and those who were not, were similarly distributed across the cells for each of the parenting styles.

Not surprisingly however, harsh and inconsistent practices of parenting are shown to be harmful to the mental health of children. The current focus on physical and sexual abuse ignores the effect that the more prevalent and negative practices of parenting make to the mental health outcomes of children. There is now clear evidence that when parents are taught how to modify damaging styles of parenting, the effects on children's mental health are direct and positive.

When only 10% of parents report using an encouraging style what may be some implications for schools and communities? Clearly there is much work to do in the area of parenting training and an understanding of how children are best socialised and develop a positive sense of self. Many parents of children of all ages could well provide more encouragement to children. Such reinforcements could well provide a protective function for these children too.

While families are important sources of support, Eva Cox (1995) comments on the darker of family life. As families become even smaller and more fragmented, why should we expect them to have the necessary resources to cope with and manage children on their own? As she points out "... the deep intimate relations often experienced within families, may not equip us with adequate skills in sociability. We need early experiences of less visceral and more collegial contacts such as group activities with other adults and children to help us learn to trust those outside our intimate circles." In communities where

there is little support for families, schools have a crucial part to play to support these families and children in the complex tasks of socialisation. Principals and teachers are sources of information on discipline, role models in dispute resolution, organisers of parenting education sessions. The problem now placed upon teachers and schools has been compounded in my view with the re-organisation of school support services and the severe reduction in the number of school counsellors to work with staff and parents in this area. Schools are places where parents will come for information on community resources and they will need to develop policies on how to play a part in an intersectoral program of effective parenting. The Luddite view that this is not the province of schools and teachers is not an appropriate response if we are serious in our attempts to reduce mental health problems in children.

The key to effective management of young children at risk for mental health problems is to target those most at risk and specifically direct resources to these areas of need. Data from the WACHS have helped to identify those schools and towns and suburbs where the incidence of coercive and inconsistent parenting is highest. Children exposed to coercive parenting are much more likely to have a mental health problem than those who were not. Similarly they were almost twice as likely to be identified to have mental health problems as measured on the Child Behaviour Checklist (Achenbach, 1987) for each of the eight behavioural syndromes. Nine percent of the caregivers in these families reported that in the past six months they felt in need of assistance from people outside the family to learn how to discipline their children. The families most in need of help were sole parent families and blended families. Those children most at risk are those found to be living in a single parent family, with poor family functioning and inconsistent parenting style.

In developing a mental health strategy with schools, areas identified to have significance numbers of sole parent and blended families need most urgent attention and resources to address the issues. Principals and staff in schools will need professional development as they struggle with whole of school policies and specific staff development to manage difficult children and classes. Government and Catholic school administrators alike will need to allocate extra resources to children and schools with high proportions of families in their systems. If the mental health of children at risk is to be tackled and tackled effectively, targeted and specific interventions hold more promise of improving outcomes.

The relationships between caregivers are associated with substantially lower rates of child mental health disorder regardless of the family structure Good relationships make an important contribution to the lives and well being of children. Parents increasingly look to schools to support them in the important task of parenting and rearing children. For many children, school exerts a critical and protective influence. This protective influence comes in many forms: extended social groups; contact with other children; care from

competent adults; enjoyable and positive learning; outings and camps providing models and demands for self reliance; positive child role models; supervised playground time and so on. Conversely school with high rates of student problems can substantially raise the risks of mental health disorder for children. This makes mental health an educational issue

Staffing profiles in schools

If school staff are to play such an important role in mental health prevention, how well equipped are they to do so? What does the WACHS reveal about school staffing profiles and policies?

The data on schools covered a wide variety of schools of different sizes, from each of the sectors (government, Catholic and independent) some with special provision for pre-primary, special support units or other such as those for boarders. More than half (61.4%) of the schools surveyed were primary schools. (K-7, P-7 or 1-7).

The survey asked principals to report on the changes in teaching staff Only 5% of schools had no changes in teaching staff. When the school staff changed, the number of new staff varied considerably -25% having 1 or 2 new positions and one fifth having 9-33 positions (between and 4 and 70 %)filled by new staff . Predictably schools with the greatest staff turn over and percentage of newly qualified teachers were more likely to be located in new suburbs and remote areas.

Who are the new staff within schools? In 44.8% the changes were accommodated by appointing staff who had some previous teaching experience. But more that half the schools had newly qualified teachers. Many of these newly qualified teachers formed less than 10% o the staff positions in 90% of schools. In 8% however, new teachers formed 11-25% of staff and in 1.5% of schools, the percentage of newly qualified teaching staff fell between 28% and 67% of the staff.

We know that schools vary greatly in their staff:student ratio. Some teachers are working in schools where the ratio was less that 12 to one and some schools it was as high as 6.6 to one. This has clear implications for schools. There are also justice issues for managers and administrators. In those schools where the community stresses are highest (that is there is less 'social capital' to draw upon in Cox' (1995) terms) and the demands on teachers are, by implication, greatest, provision must be made for increasing levels of staffing, supporting newly qualified teachers and staff to address the needs within the school.

What are some of the things that teachers might ask about the profile of their own school in order to see what they need as a school policy? We suggest that part of the staff development days at the beginning of each year should involve staff in identifying the staffing profile, (including experience levels and special skills), the profile of families in the school and the adjacent community resources that might be mobilised. Systems should allow for special submissions to address particular needs and assist in identifying particular personnel who could facilitate specific staff development.

The school environment

School principals were asked about the school environment. They were asked to rate the school on a seven point Likert scale to assess the capacity of the school to fulfil its general educational outcome.

— how much parental support is there for children's academic progress?
— how much support is there for activities planned by the school ? eg social, sports, fund raising
— how adequate are the teaching support arrangements?
— what is the level of staff moral among the teaching staff?
— what is the level of school support to parents?
— how adequate is the pastoral care for students/

Principals were asked to rate the contribution of other factors including:

— attendance at school considering absenteeism and truancy
— amount of damage to the school property by vandalism, defacing or graffiti
— ratings of the physical violence in the community and at school
— ratings of the degree of substance abuse by students

ratings of the degree that poverty affected children who attended the school

This information was used to separate schools into two groups; those that were disadvantaged and those that were not. The school environment was defined as disadvantaged where a high number of problems in the school community occurred concurrently with low numbers of support factors. Using this operational definition, 8% of Western Australian schools in the survey were disadvantaged.

How did principals rate these factors overall from the greatest to the least influence on the school environment? In turn they were:

. Parental support for children's learning
. Poverty of children
. Parental support for children's activities
. Physical violence in community
. Pastoral care of students

- Absenteeism
- Physical violence in school
- School support to parents
- Graffiti on school property
- Vandalism in school
- Truancy
- Substance abuse by students
- Staff morale
- Teacher support arrangements

In 1993, 92% of schools in the survey reported having the capacity to fulfil the educational mission of the school. What about the 8% whose principal reported that the school was not in such a position?. The children at these schools were more likely to be performing at below age level academically and more likely to have poor general health.. The schools most likely to report poor capacity to fulfil their general mission were more likely to occur in the Far north of the state.

Focuses for improvement

Clearly if we take these features into account several sorts of recommendations can be made:

The first is to identify ways to raise the general level of involvement of parents and identify ways in which they can support schools. Principals identified low levels of parent support in 35% of schools while also recognising that there was insufficient support to parents in 53% of schools. The solutions within schools will vary as a function of the type and location of the community, parents' work commitments, school resources and so on. What is needed here is a series of case studies in which schools are assisted to find solutions to change the factors affecting their school and concurrent evaluations of changes in outcome.

Schools must focus directly on how they support students, parents and teachers with attendant focus on pastoral care and teacher morale. Pastoral care policies and strategies that are owned by the whole school community, revised on an annual basis to include staff and families new to the school, incorporate means to identify and deal with problems quickly and effectively have to be put in place. The complex and vexed questions of where and how to place newly qualified teachers into the system and how to support them requires continuing attention. There needs to be strict monitoring of the effects of placing newly qualified teachers into schools especially where they form a proportion of the overall school community. Principals must have access to additional supports when faced with this situation.

From the community aspect, there has to be a focus on poverty. Extreme poverty affected children in 7.4% of schools together with high absenteeism and truancy. There were relatively low levels of substance abuse and extreme physical violence (1.3% of schools in each case), but the attendant distress must be palpable. Drawing the attention of government to the effects of poverty on children and schools is a matter of ongoing priority. Cross sectoral identification of children at risk and involvement of the range of community agencies in dealing with these problems will help.

The model underlying the WACHS assumes that children will develop and function optimally when supported in a **triangle** of care that involves family, school and neighbourhood. These institutions in turn need to be supported by the larger social-structural and cultural environment incorporating the economic and political.

Children remain pivotal. If one of these structures fails them Family, school or neighbourhood), then the pressures will be transferred to the other two. If two of them fail, then the consequences become dire. If we want to guarantee optimum mental health for children, remembering that even young children are not happy or well supported, then we must examine factors that will change critical aspects of the environment for children and ensure that the issues are well recognised and understood as a collective problem for the community

Conclusion

Teaching has always been a demanding profession. By is very nature, care and responsibility for the lives and welfare of children will engage the adults undertaking this work over long hours and attendant stresses. Talk to today's teachers and the common perception is that schools and their staff are being asked to do more and more with fewer and fewer resources. The outcomes and interpretations of the findings the WACHS conducted during 1993 are important in identifying how important schools and teachers are to the mental health of young people. The finding that 17% of young West Australians repeatedly have a mental health problem alerts everyone to the scope of the problems we face in our communities and schools. The challenge is to tackle the issues in systematic and appropriate ways. Children are both a shared resource and a shared responsibility for us as a society. Just as families need to be supported in their roles, so do teachers and schools. Isolation and restricted contact for staff and schools will not help them in their task. Neither will the pretence that these figures are 'inflated' or 'unreal'. We have to keep raising and talking about issues in such a way that we come to accept them as givens. The process results in one where ideas become shared knowledge and common understandings and legitimise interventions. We have models of this process happening with respect to language issues, child abuse or children with special needs, for example.

This paper is part of that process to raise awareness and fuel debate. It has addressed some of the WACHS findings as they relate to schools and commented in a preliminary way on the implications of these findings for improving mental health as part of the education of children. If a single common message emerges through the data analysis it is this: Positive, constructive relationships help to change circumstances, especially when circumstances are changing. Children, parents, teachers and community agencies will all function more effectively when relationships among them are strengthened. There are also specific interventions that work and make significant improvements to the mental health of children. To make them a routine part of policy and practice is now the challenge.

References

Achenbach, TM. (1991) *Manual for Youth Self Report and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.

Cox, E.(1995) *A Truly Civil Society* The ABC Boyer Lectures, November/December

Lempers, JD, Clark-Lempers, D, Simons, RL. (1989) Economic hardship, parenting and distress in adolescence. *Child Development, 60*, 25-39

Zubrick, SR, Silburn, SR, Garton, A, Burton, P, Dalby, R, Carlton, J, Shepherd, C, Lawrence, D. (1995) *Western Australian Child Health Survey: Developing Health and Well-being in the Nineties*. Perth, Western Australia: Australian Bureau of Statistics and the Institute for Child Health Research.